

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **08/875888** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5	①					
6	①					
7		1				
8	⑧					
9	⑧					
10	⑧					
11	⑧					
12	⑧					
13	⑧					
14	⑧					
15	⑧					
16	1					
17		1				
18		1				
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	19	→	→	→		
TOTAL CLAIMS	20	XXXXXX	XXXXXX	XXXXXX		

IND.			
DEP.			
100			
TOTAL IND.			
TOTAL DEP.	→	→	→
TOTAL CLAIMS	XXXXXX	XXXXXX	XXXXXX